### **Late Contribution Report**

### Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Eloise Reyes for Assembly 2022		Date of This Filing11/05/2022	Date Stamp	CALIFORNIA 497		
AREA CODE/PHONE NUMBER (916)285-5733	I.D. NUMBER (if applicable) 1435396	<b>Report No.</b> 294111-TK		For Official Use Only		
STREET ADDRESS		Amendment to Report No.	Page 1 of 3			
CITY Sacramento	STATE ZIP CODE CA 95815	(explain below)  No. of Pages 3				

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/04/2022	Association of California State Supervisors PAC Sacramento, CA 95814  ID# 1303937	☐ IND ■ COM □ OTH □ PTY □ SCC		\$3,400.00
11/04/2022	Gregory Bentley Newport Beach, CA 92660	IND COM OTH PTY SCC	Attorney Bentley & More, LLP	\$4,900.00
11/04/2022	California State Retirees PAC Small Contributor Committee Sacramento, CA 95814  ID# 1302173	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$9,700.00

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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CITY Sacramento	Y STATE ZIP CODE cramento CA 95815				3				
Late Contrib	ution(s) Received								
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			JTOR	CONTRIBUTOR CODE *	ENTER OCCUPATION AND EMPLOTER 1			MOUNT ECEIVED
11/04/2022	Rizio Lipinsky Law Firm, Santa Ana, CA 92705	PC			☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC ☐ IND ☐ COM			\$2,500.00	
					☐ OTH ☐ PTY ☐ SCC				
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
*Contributor Codes IND - Individual COM - Recipient C OTH - Other	ommittee (other than PTY or	PTY - Politic r SCC) SCC - Smal	cal Party I Contributor Committee						

Reason for Amendment:

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DATE MADE FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)				CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION			AMOUNT OF CONTRIBUTION		DATE OF ELECTION (IF APPLICABLE)	

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC